

Jiva Provider Portal User Guide

For Behavioral Health-Inpatient (BH-IP) Only

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STARTING WITH PROVIDER PORTAL

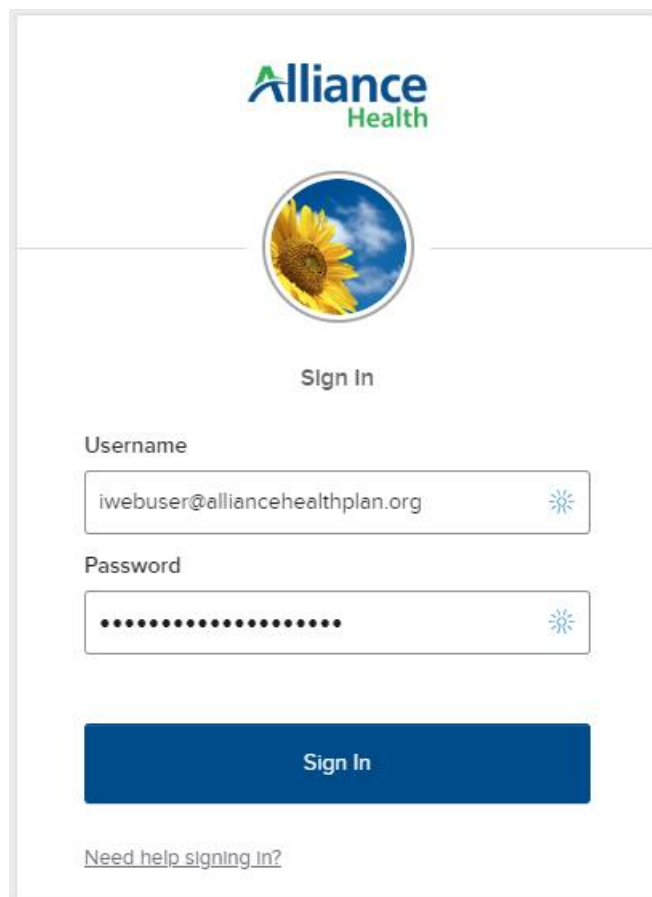
Provider Portal is a web-based interface integrated with Jiva that enables providers to manage member-related information. You must have valid login credentials to access the Provider Portal.

The Provider Portal enables you to:

- Request inpatient (IP) and outpatient (OP) requests for behavioral health (BH) and physical health (PH) services
- Submit an extension (continued stay) of service and stay requests
- Request prior authorizations
- Verify elective admission authorization status
- View authorization history
- Submit clinical review for auto approval of requests

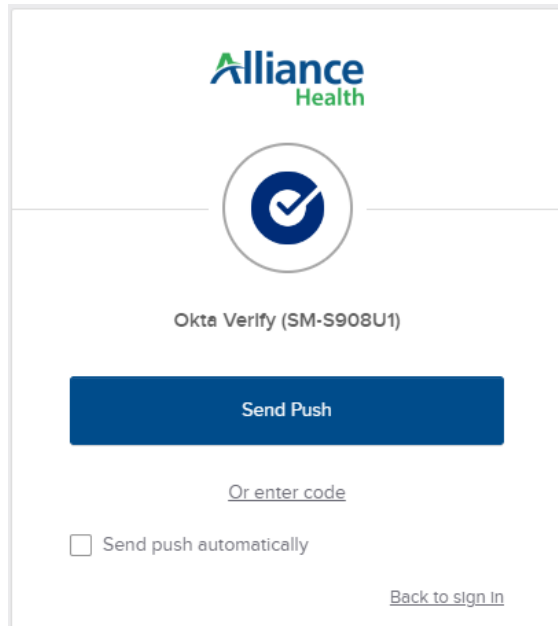
In order to access Jiva Provider Portal, you will log in to the Okta Single Sign On at the link below:

<https://alliancehealth.okta.com/>

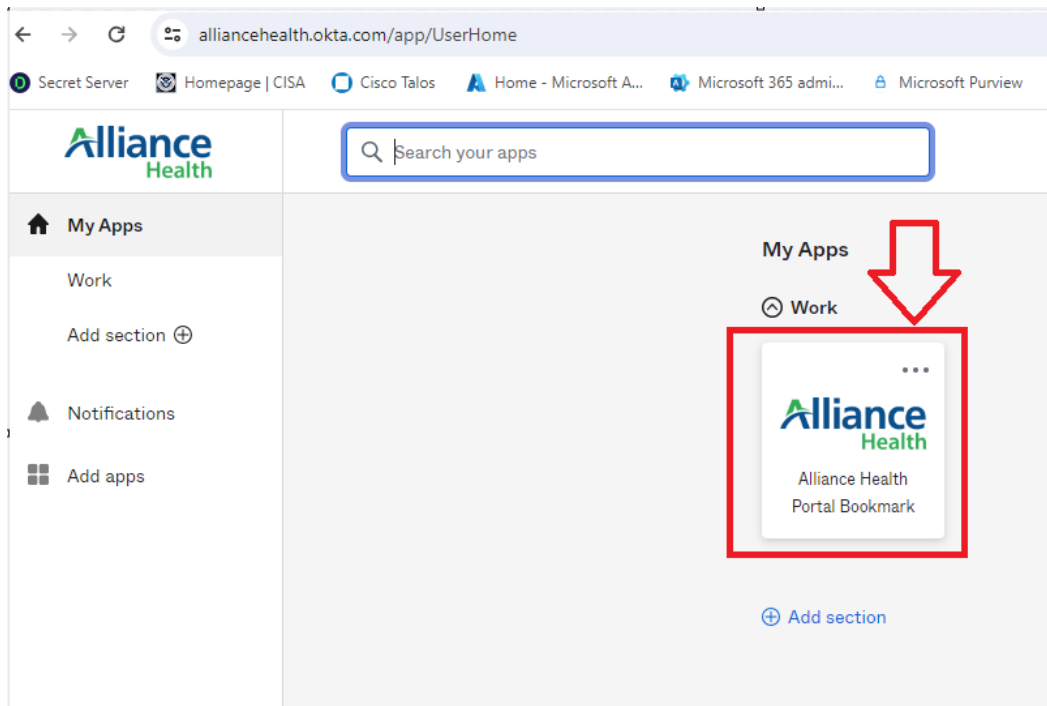


The image shows a screenshot of the Alliance Health sign-in page. At the top center is the Alliance Health logo, which consists of the word "Alliance" in blue and "Health" in green below it. Below the logo is a circular profile picture of a sunflower against a blue sky with clouds. Underneath the profile picture is the text "Sign In". Below this are two input fields: "Username" with the text "iwebuser@alliancehealthplan.org" and a small blue asterisk icon to the right; and "Password" with a series of black dots and a similar blue asterisk icon to the right. At the bottom of the form is a large blue button with the text "Sign In" in white. Below the button is a link that says "Need help signing in?"

After entering your username and password, you will be prompted to complete the verification step.



After completing the login verification, you will click on the Alliance Health Portal bookmark seen below.

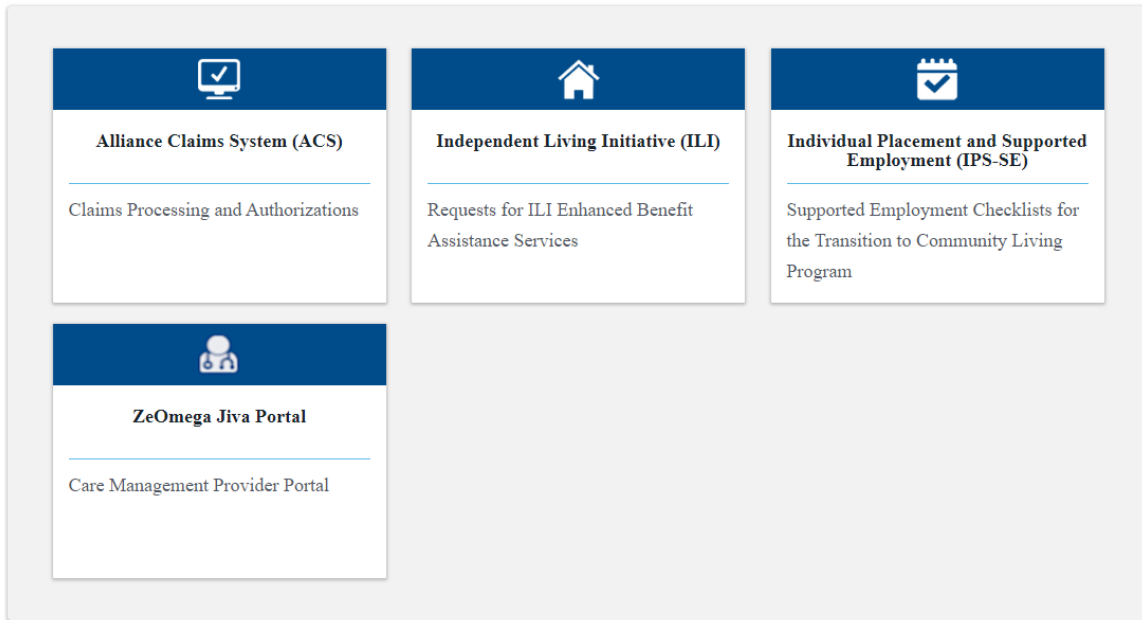






This will redirect to the portal and show the applications you are able to access.

Click ZeOmega Jiva Portal and Jiva Provider Portal will open on your screen.

Welcome to Alliance Health Portal

You have access to the following applications:



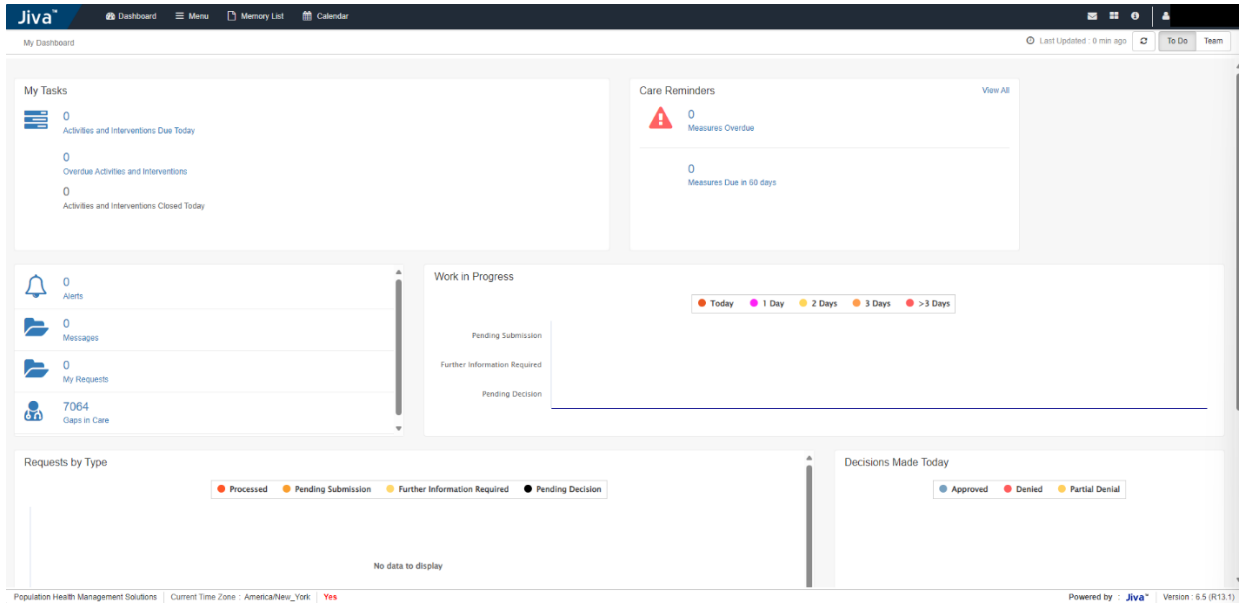
 Alliance Claims System (ACS) Claims Processing and Authorizations	 Independent Living Initiative (ILI) Requests for ILI Enhanced Benefit Assistance Services	 Individual Placement and Supported Employment (IPS-SE) Supported Employment Checklists for the Transition to Community Living Program
 ZeOmega Jiva Portal Care Management Provider Portal		

Note: If you log out without saving the details entered in any of the Add or Edit screens, Jiva prompts a message to confirm if you want to exit the screen without saving the details. If you continue to log out, the unsaved information would be lost.


UNDERSTANDING THE HOMEPAGE





The Provider Portal Homepage provides you quick access to the tasks list and episodes (requests) that are associated with you. The home page comprises:

- Application Banner
- Dashboard



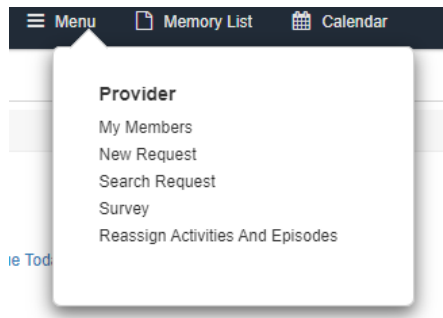
The application banner consists of the following links:

Icon or Link	Description
Dashboard	Helps you to navigate to the dashboard from any screen. Displays the episodes that are associated with you
Menu	Enables you to access various functions associated with your user role.
Memory List	Bookmarks recent 10 screens that you accessed.
Calendar	Lists the activities assigned to you by day, week, and month.
	Messages. Unread messages are indicated with a red dot.

	Legends. Displays the list of icons to indicate the condition or status of the entities, such as members.
	Help. Provides context-sensitive help for each screen.
	Refresh your Dashboard.
	This is the name of the user currently logged in to the Portal. You can click on your name and select My Profile to view the Providers and Sites you have been linked with in the Portal.
To Do	Brings you back to your Dashboard.
Team	Displays the episodes that are associated with your team.

ABOUT MENU

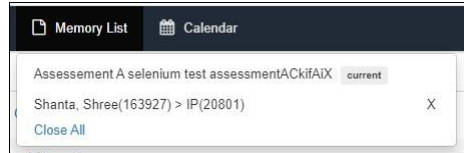
The Menu allows you to access various functions associated with your role.



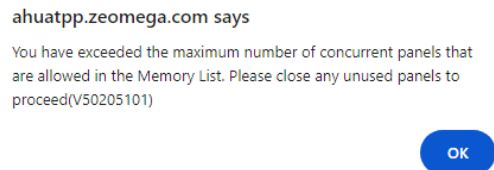
My Members	This allows you to search for member associated with your assigned provider.
New Request	This allows you to create a new request.
Search Request	This allows you to search your existing and previous requests.
Survey	This function will not be used at this time.
Reassign Activities and Episodes	This function will not be used by Providers/PLEs at this time.

ABOUT MEMORY LIST


The Memory List bookmarks the Add and Edit screens of all functions, including Member Search screen, Worklist screen, and Open Episodes. To access the Memory List, click Memory List in the application banner. When you access a screen, it is added to the Memory List. Memory List helps to retain the information added or edited in a particular screen for the current session so that you can navigate away from a screen, revisit and continue with the data entry.




The memory list displays 10 items. When you exceed this number, you will be prompted to clear your list.



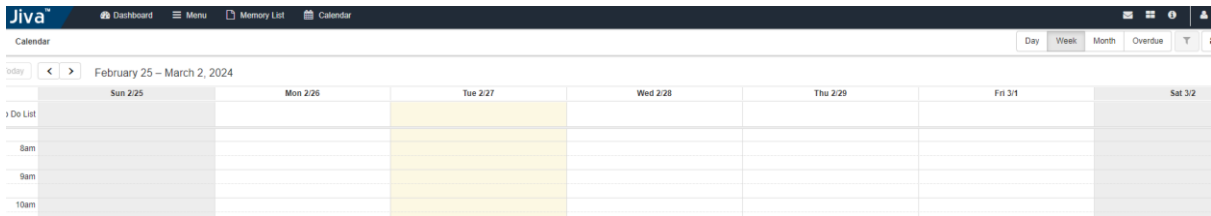
Note:

- You can access the previously visited screens of Jiva by using the Back button on the browser as well. However, the unsaved data (added or edited) will be lost when the screens are accessed in this manner.
- Memory List is reset when you log out. The implication is that if any screen is open with data added, but not saved, the changes would be lost on logging out of Jiva.
- If you close an episode by clicking the  icon or remove an episode from the Memory List, in either of the cases, those screens will be removed from the Memory List. You will be navigated back to the previous screen.

Link or Icon	Description
Close All and Release All episodes	Delete all items from the memory list.
	Deletes the corresponding item from the Memory List.
Memory List link	Opens the corresponding page.
Current screen	Indicates the current screen on which you are working and it is saved to the Memory List. Note: You cannot close the screen on which you are working from the Memory List.

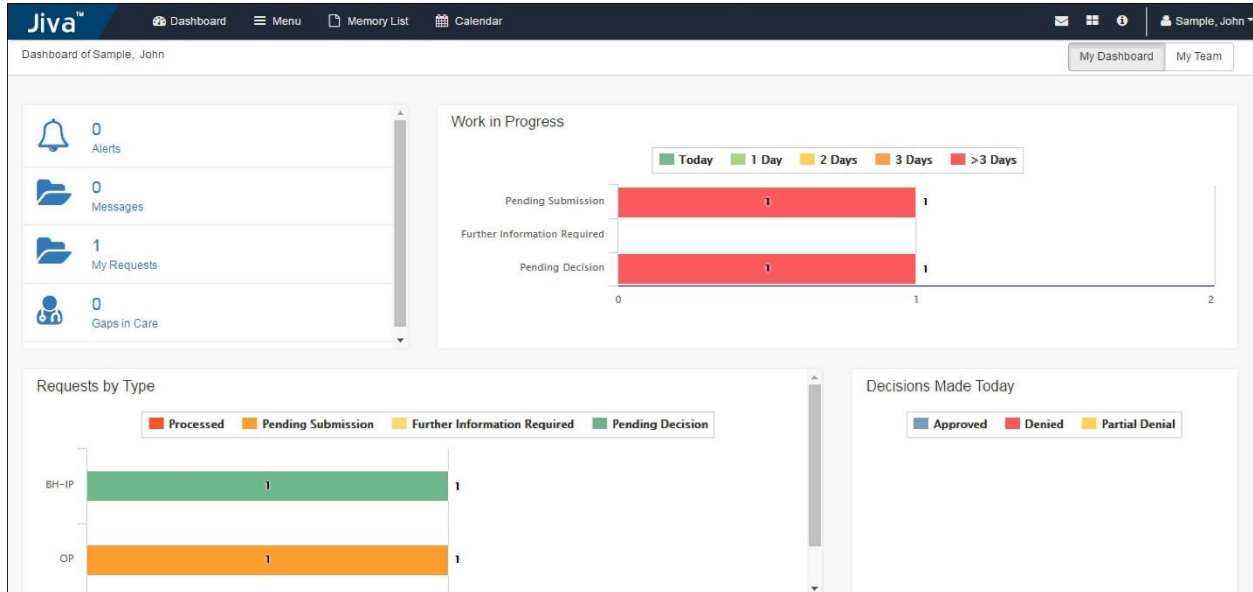
ABOUT CALENDAR

The calendar tab allows you to view any Alerts or date-specific items on your To-Do List. You can click to view the Day, Week, Month, or a list of Overdue items.



UNDERSTANDING THE DASHBOARD

The Dashboard is comprised of widgets, such as Alerts, Messages, My Requests and Gaps In Care, My Tasks and Care Reminders and My Activities.



Widgets in the Dashboard help you to access:

- Alerts and messages addressed to you
- Requests that you have created
- Gaps In Care (GIC) associated with your members

You can also view the statistics of the episodes by using the widgets Work in Progress, Requests by Type, and Decisions Made Today. Depending on the widget that you access, episodes are filtered by:

- Status
- Episode type
- Time Period that the Episode is in the selected status (Pending Submission, Further Information Required, Pending Decision, Processed)

In the Dashboard, you can do the following:

- In Dashboard tab - view the episodes that are associated with you.
- In Team tab - view the episodes that are associated with your team.

Note: The Team tab is displayed for users associated with the same provider (users are grouped into a single team).

VIEWING ALERTS

Alerts are notifications or reminders of an action performed, or to be performed. The Alerts widget in the Dashboard displays the number of Alerts that are sent to you.



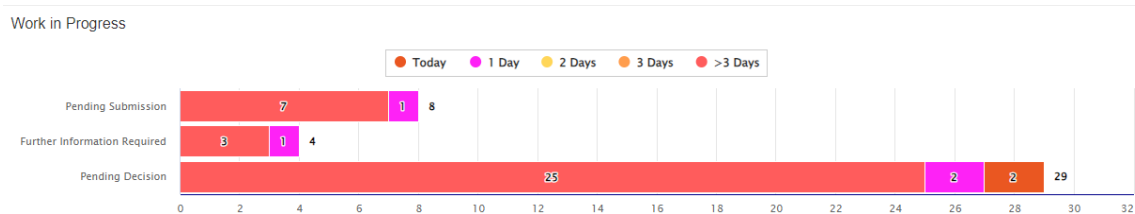
Access the Alerts widget to view the alerts that are sent to you (the provider).

Alerts				
Clear				
	Member Name	Episode Type	Alert Message	Created Date
	Doe,John	IP	A new UM Episode has been added to this member.	12/22/2015
	Doe,Jane	OP	A new UM Episode has been added to this member.	12/22/2015

Alert messages are listed in the order of date that the alert was created. The most recent alert is displayed on the top of the list.

WORK IN PROGRESS WIDGET (VIEWING REQUEST STATISTICS BY STATUS)

You can view the request statistics based on the status in the Work in Progress widget. It displays the number of requests created and their statuses in a graphical presentation. It also displays the number of days that a request is in the same status.



You can navigate to the Work in Progress screen by using the graph bar corresponding to the current status in the Work in Progress widget. It displays the episodes that are in the selected status. For example, if you click the graph bar that indicates Pending Decision status, the Work in Progress screen appears with the episodes in the Pending Decision status.

MY REQUESTS WIDGET (VIEWING YOUR REQUESTS)

You can view the requests that you have submitted by clicking the My Requests widget in the dashboard.



The My Requests screen displays the requests that you have submitted. You can filter the requests based on Episode Type, Status and Date Range.

Note: The Status field is not applicable for CM episodes. However, if you are attached to a CM episode, you can view CM episode details by selecting the Case/Care Management (CM) episode type.

Actions	Episode Type	Cert Number	Episode ID	Member Name	Requested/Created Date	Diagnosis	Procedure	Provider	Created By	Submitted By	Status
	IP	19300621	45788	Brook, John	03/07/2019	S43.121A	88249	smith john	Mike, John	Mike, John	Pending Decision
	IP	19301124	46325	Brook, John	03/14/2019	S43.121A	88249	smith john	Mike, John	Mike, John	Pending Decision
	IP	19301125	46326	Brook, John	03/14/2019	C32.1		smith john	Mike, John	Mike, John	Pending Decision
	IP	19302857	58074	Johnson, Joseph	03/20/2019	S43.121D		smith john	Mike, John	Mike, John	Pending Decision

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In the My Requests screen, you can click in the Actions column and then access one of the following:

- Open - to navigate to the episode. Please note, you cannot edit a request once submitted.
- View Episode Abstract - to view the episode abstract of the corresponding episode.

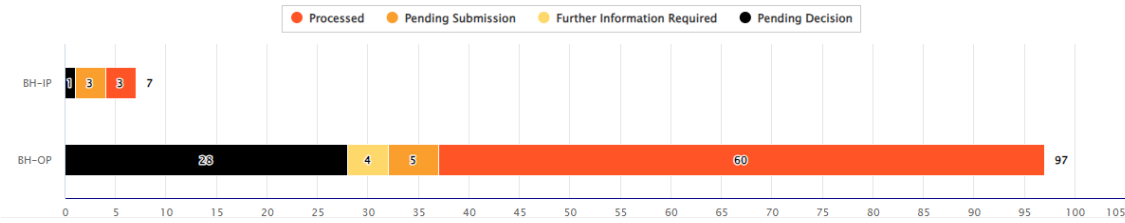
Note: Any request Pending Submission will not show in this view. These episodes are only accessible via the Work in Progress widget.

REQUESTS BY TYPE WIDGET (VIEWING REQUESTS BY TYPE)

The Requests by Type widget displays the number of requests that are Processed, Pending Submission, Further Information Required, and Pending Decision on the episode types.

Accessing episodes from the Requests by Type widget displays episodes by their type, such as BH-IP (Behavioral Health Inpatient); BH-OP (Behavioral Health Outpatient); IP (Physical Health Inpatient) and OP (Physical Health Outpatient).

Requests by Type



If you click the graph bar corresponding to the required episode type in the Requests by Type widget, the Requests by Type screen appears with the selected episode type and status.

The Requests by Type widget displays data on the requests made for a look-back period of 60 days. The look-back period is calculated by taking the difference between the current date and the request created date. Requests over 60 days will not be displayed in the widget.

Note: For the Pending Submission requests, you can click on the to Edit the request. This action is only available for those requests in Pending Submission.

Requests by Type

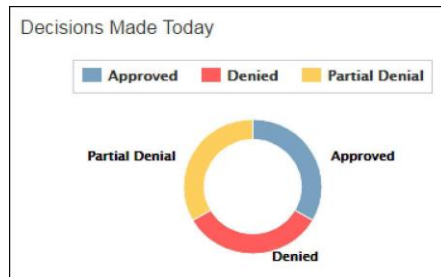
Episode Type	Cert Number	Episode ID	Member Name	Admit/Start Date	Diagnosis	Procedure	Provider
BH-OP		803147	CLIENT, TEST		F20.0		Test Provider

Note: For the Processed requests, you can click to Open the Episode View to view the Decision status (i.e. Approved, Denied, Partially Denied, Unable to Process, Administrative Denial).

Service Type	Service Code	Due Date	Decision	Auth Start Date	Auth End Date	Request Priority	Requested #	Assigned #
Enhanced Services	H2012 HA (HCPC)	02/14/2024 12:54	Approved	01/31/2024	02/29/2024	Standard	30	30

DECISIONS MADE TODAY WIDGET (VIEWING STATISTICS)

The Decisions Made Today widget displays the statistics of Stay Requests (BH-IP; IP only) and Service Requests (all episodes) that are Approved, Denied, or Partially Denied for the requests created by you.



You can navigate to the Decisions Made Today screen by clicking the graph in the Decisions Made Today widget.

Episode Type	Cert Number	Episode ID	Member Name	Admit/Start Date	Diagnosis	Procedure	Provider	Created By	Submitted By
IP	21200125	5274	Testing, PO		F10.10	89005	Provider, One,Provider, Two,Provider, Three	User, A	

MY ACTIVITIES WIDGET

Activities are specific tasks related to a member or request that are scheduled for your action. The Activities widget in the Dashboard displays activities that are assigned to you.

The My Activities widget in the provider Dashboard displays the list of activities assigned to you that are scheduled to be performed on the current date, by default.

Member Name	Due date and time	Activity Name	Type	Episode Type	Frequency
Testing, PO	04/15/2021 12:00 AM	<input checked="" type="checkbox"/> Follow up with member on appropriate testing for children with Pharyngitis	Assignment	-	Only Once

Please note that the placement of these widgets may move on the Dashboard with subsequent updates.

USING TEAM DASHBOARD

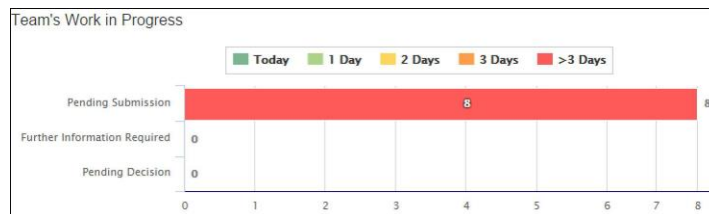
VIEWING TEAM MEMBERS AND THEIR DASHBOARDS

The Team Members widget displays the names of the users associated with your team, along with the number of users. You can access the episodes associated with your team member by using the username link.



TEAM'S WORK IN PROGRESS WIDGET (VIEWING TEAM'S WORK IN PROGRESS)

The team's Work in Progress widget displays the number of episodes created by your team. Episodes are displayed based on the timeline.



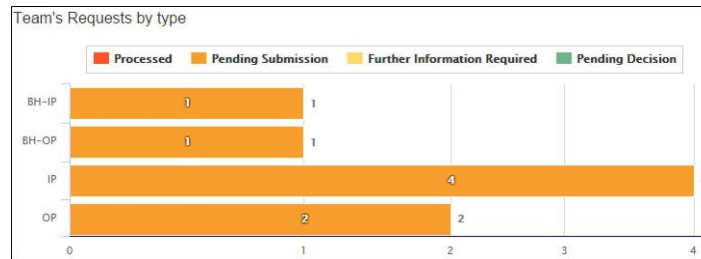
You can navigate to the Team's Work in Progress screen by clicking the graph bar corresponding to the Episode status in the Team's Work in Progress widget.

The Work in Progress screen displays the episodes based on status.

For additional information, please refer back to the Work in Progress widget section.

TEAM'S REQUEST BY TYPE WIDGET (VIEWING REQUESTS OR EPISODES CREATED BY TEAM)


Team Requests by Type widget displays the number of requests that are Processed, Pending Submission, Further Information Required and Pending Decision formation. The episodes are further categorized based on episode types (BH-IP; BH-OP; IP; OP).



You can navigate to the Team Requests by Type screen by clicking the graph bar corresponding to the Episode Type in the Team Requests by Type widget.

In the Work in Progress and Team Requests by Type screens, you can perform the following tasks:

- Navigate to episodes
- Filter episodes based on various parameters (i.e. Episode Type; Status; and Date Range)
- Edit episodes that are in Pending Submission status
- Open episodes that are submitted

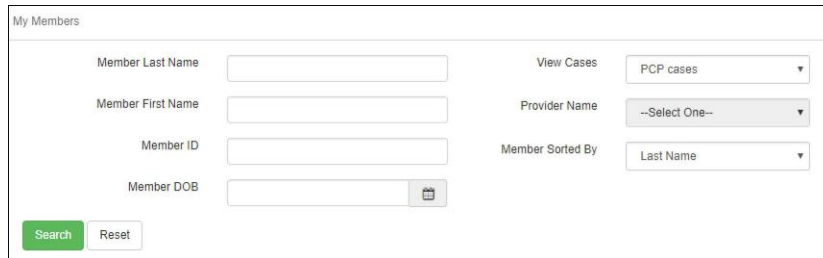
You can edit the episodes that are in Pending Submission status only. You can access the episode that is yet to be submitted in the Work in Progress screen by clicking the Edit Request link from  corresponding to the episode. The episode screen appears.

ABOUT MEMBER SEARCH

The My Members link allows you to search for members associated with you (as a provider or facility).

PERFORMING MEMBER SEARCH

1. Navigate to Menu > Provider > My Members.
The My Members screen appears.



The screenshot shows the 'My Members' search interface. It includes input fields for Member Last Name, Member First Name, Member ID, and Member DOB (with a calendar icon). On the right, there are dropdown menus for View Cases (set to 'PCP cases'), Provider Name (set to '--Select One--'), and Member Sorted By (set to 'Last Name'). At the bottom left, there are 'Search' and 'Reset' buttons.

2. Enter the appropriate values in the required fields and click Search.

Member ID is the same as the ACS ID.

Note: An enhancement request has been submitted to be able to search using a member's Jiva ID, Medicaid ID, or social security number.

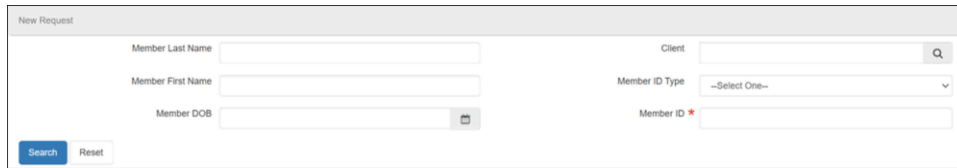
In the View Cases field, select Clinics cases to indicate the category of requests that you want to search in. Depending on the option that you select, the Provider Name field is activated to select the site. The search results appear.

Action	Jiva Member ID	Member Name	Member Date of Birth	Gender	Coverage ID	Coverage Start Date	Coverage End Date	Group Name
	185288	Bose, Tina	12/31/2000	Female	5005001	11/01/2019		Group_One
	185511	BUgati, Dream	01/28/2003	Male	63002	01/01/2014		Exchange-Gold
	185645	CEGTesting	01/01/2000		CEGTesting12345	01/01/2019	12/31/2019	GroupLong

ADDING NEW REQUESTS

You can initiate prior authorization (PA) requests for members that are enrolled in Jiva.

1. Navigate to Menu > Provider > New Request.
The New Request screen appears.



2. In the New Request screen, enter the required details in fields. You will notice the red * located next to Member ID. You can search for members by selecting the following from the Member ID Type dropdown menu and entering the appropriate ID number in the Member ID box.
 - Alternate ID – This is the Medicaid number.
 - Eligibility ID – This is the ACS ID, also called the Coverage ID in Jiva.
 - Social Security Number – The dashes must be included (i.e. 123-45-6789)
3. Click Search.
The search results appear.

Jiva Member ID	Member Name	Member Date of Birth	Gender	Coverage ID	Subscriber ID	Coverage Start Date	Coverage End Date	Group Name	Action
160180	LastMember, FirstMember	11/11/1995	U	Enr1234	12345678	11/11/1996	11/11/2025	BestG	Add Request

Note: If there are multiple members with same subscriber ID then all the active members will be displayed in the search result.

4. In the Action section, select an episode type from the dropdown list corresponding to the episode type you wish to create.
 - Behavioral Health Outpatient (BH-OP)
 - BH-OP is inclusive of outpatient therapy, psychological evaluations, RB-BHT, enhanced adult services, enhanced child services, IDD/TBI, and residential services.
 - Behavioral Health Inpatient (BH-IP) – this is for psychiatric inpatient hospitals only
 - Case Management – only applicable for Provider Led Entities (PLEs)
 - Outpatient (OP) - Physical Health only
 - Inpatient (IP) – Physical Health only
5. The new request screen appears.

BEHAVIORAL HEALTH INPATIENT (BH-IP) EPISODE

The new request screen for BH-IP requests is below.

The screenshot shows a web form titled "Behavioral Health Inpatient Request". It is organized into four sections:

- Episode Details:** Contains "Request type" (dropdown), "Request Priority" (dropdown), and "Admit Type" (dropdown). Below these is a link for "Optional Fields".
- Diagnosis:** Contains "Code Type" (dropdown, set to "ICD10") and "Diagnosis" (text input with search icon). Below is a link for "Advanced Search".
- Provider Details:** Shows "No Providers Attached" and an "Attach Providers" button.
- Stay Request:** Contains "Service Type" (dropdown), "Place of Service" (dropdown), and "Expected Admit Date" (calendar icon).

1. Enter the details in the Episode Details section as described in the following table:

Field	Description
Request Type	Admission authorization
Request Priority	<p>Select the service priority required:</p> <p>Expedited – Turn-around time will be within 72 hours. This should only be used in instances where a member’s health/safety are at risk in accessing a service.</p> <p>Please note that should a request not meet expedited guidelines, Alliance Health staff may remove the request from expedited status, and it will be reviewed within Standard timeframes.</p> <p>Standard – Turn-around time will be within 14 calendar days to complete an episode, unless this is a retrospective, in which case the turn-around time is 30 calendar days.</p>

ADDING A DIAGNOSIS

Diagnosis

Code Type * ICD10

Diagnosis *

[Advanced Search](#)

Primary Dx	Code Type	Diagnosis	Actions
<input checked="" type="checkbox"/>	ICD10	F33.9--Major depressive disorder, recurrent, unspecified	
<input type="checkbox"/>	ICD10	F43.10--Post-traumatic stress disorder, unspecified	<input type="button" value="⊖"/>

In the diagnosis section, enter the details as described in the following table:

Field	Description
Code Type	Please note this defaults to ICD10.
Diagnosis	Enter the diagnosis code. Alternatively, you can select the diagnosis code by using the Advanced Search option. This will allow you to search by Description (keywords) and not just by the code.

Note: Select the primary diagnosis by clicking the  to the left of the Code Type.

PERFORMING ADVANCED DIAGNOSIS CODE SEARCH

1. Click the Advanced Search link in the Diagnosis section. The Diagnosis Advanced Search form appears.
2. Enter the values in the Description field. Please note the banner requires the first 3 letters of diagnosis in the "Description" field.

Diagnosis Advanced Search ? x

For a defined search please enter the first 3 letters of diagnosis in the 'Description' field.

Diagnosis Code Type

Diagnosis Code

Description

3. Click Search.
Jiva displays the list of diagnoses matching the entered criteria in the search results.

Search Results			
	Diagnosis Code Type	Diagnosis Code	Description
	ICD10	I50.1	Left ventricular failure
	ICD10	J45	Asthma
	ICD10	J45.2	Mild intermittent asthma
	ICD10	J45.20	Mild intermittent asthma, uncomplicated

- Click corresponding to the diagnosis that you want to add. The selected diagnosis appears in the Selected Diagnosis List section.
- Click Attach. The diagnosis details appear in the Diagnosis section.

Note: If you want to delete the diagnosis details from the Diagnosis section, click . This option only appears with two or more diagnoses present.

ADDING PROVIDERS TO REQUEST

Effective May 1, 2024, authorizations will no longer be site-specific and will be authorized at the provider level. Therefore, please search by the Provider Name (this is the provider name that matches how you are enrolled in NCTracks) or Tax ID (in Advanced Search). This will bring up a limited number of provider IDs, from which you will select your agency/practice.

The process of attaching a provider to the request is mandatory to submit a request.

In this step, you can:

- Attach one or more providers to the request.
- Activate or deactivate the provider attached to the request.

Attach Providers

Provider Last Name / Facility

Provider First Name

NPIN

Provider ID

Advanced Search

1. Click Attach Providers link in the Provider Details section.
The Attach Providers screen appears.
2. Enter appropriate values in the required search parameters in the basic search as described in the following table:

Field	Description
Provider Last Name/ Facility	This allows you to search by Provider/Agency/Facility Name, as contracted.
Provider First Name	This allows you to search the first name of an Individual Provider, as contracted.
NPIN (National Provider Identification)	This will allow you to search for a Provider NPI number
Provider ID	This will allow you to search by the Provider ID for the specific site for a Provider. This is the same as the Site ID in ACS.

Note: If you have trouble locating your provider site in Jiva, please search for your agency name in the Provider Last Name/Agency Name field.
Click out of the dropdown box and click the blue Search button.

3. Click Search.
The search results appear.
4. To select the provider, view the Search Results and select the correct Provider Role (from the drop down).

Note: Provider Role defaults to 'Treating'. You must attach a Treating provider for an authorization to be created.

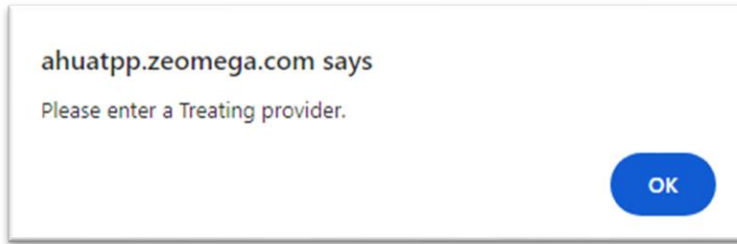
Search Results									
	Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Provider Network	Keyword
	444122	BubbleGum,	AK USA	Physician	Treating ▼			In Network ▼	
	PRV121102	LastProvider, FirstProvider , MidProvider	Downtown Downtown Dallas, FL - 56001 USA Phone: 9876543210 Fax: Fax	Psychiatrist	Treating ▼	State Institution Clinic	Y	In Network ▼	Diabetes

If you receive the following error, you will also need to attach an Admitting provider.

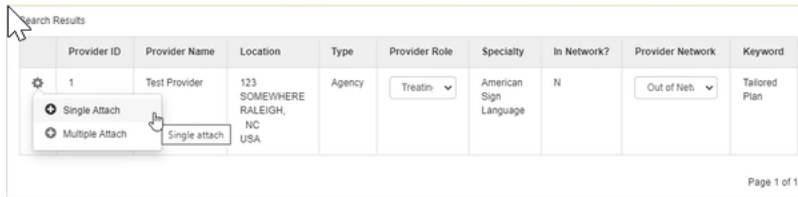


- If you are submitting on behalf of another provider, your provider can be added as an additional 'Requesting' provider.

Note: If you do not attach a treating provider, Jiva displays an error message when you attempt to submit.



- Select the main site for your provider in Jiva.
Please note there may only be one option available for your provider.
This is due to authorizations moving away from being site-specific.



- Click on the gear corresponding to the provider and click Single Attach.
The selected provider is attached.

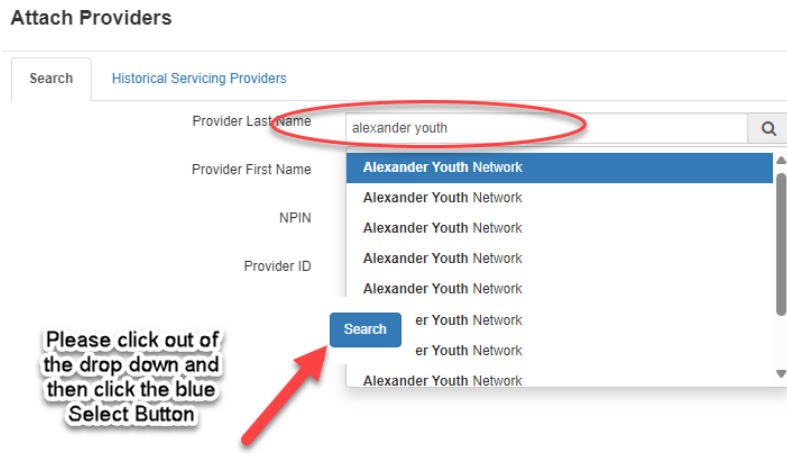
Providers		Attach Providers				
Provider ID	Name	Location	Role	Network	Phone	
PRV121102	LastProvider, FirstProvider, MidProvider	Downtown Downtown Dallas, FL - 56001 USA Phone: 9876543210	Treating	In Network	9876543210	
	adasdsfs	IN USA	Treating	In Network		
	wwewrwr	ID USA	Treating	Out of Network		

IF YOU RECEIVE AN ERROR

If you have trouble locating your provider in Jiva, please search for your agency name in the Provider Last Name/Agency Name field.

Click out of the dropdown box and click the blue Search button.

Note: Do not click in the dropdown menu.




If you still cannot locate your provider, please contact your assigned Network Relations Specialist.

Find your Network Relations Specialist here: <https://www.alliancehealthplan.org/providers/network/assignments/>

DETACHING PROVIDERS FROM AN EPISODE

If you have attached a provider to a request erroneously, you can deactivate the provider from the request.

1. In the Providers Details section, click  corresponding to the provider that you want to deactivate.
2. In the confirmation dialog box, click OK.

This action deactivates the attached provider and displays the provider details with a strikethrough.

ID	Name	LOCATION	Role	Network	Phone	Action
1	Test Provider	123 SOMEWHERE RALEIGH, NC USA	Treating	Out of Network		
6_262494	Testing - Legally-Blah-	456789 MINN - MINN - 11111-1111 USA	Treating	Out of Network		

Note: To reactivate a provider, click the  corresponding to the provider you want to reactivate.

ADDING STAY REQUESTS

The Stay Service section enables you to add stay details to the request. A BH-IP episode can have one initial stay request and multiple extensions.

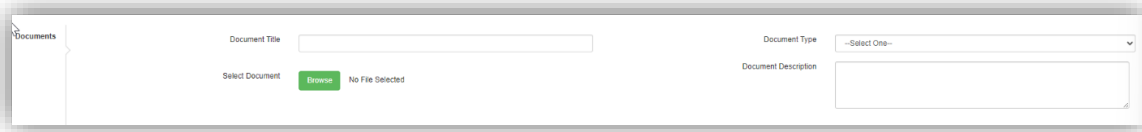
You can add a stay request by entering the following required values in the appropriate fields.

Field	Description
Service Type	Select the type of service requested for a stay. <ul style="list-style-type: none"> Inpatient Behavioral Health
Place of Service	Select the requested place of service. (Not required)
Requested Level of Care	Click Optional Fields. Select the Requested Level of Care. <ul style="list-style-type: none"> Non-Medicaid Psychiatric = State funded/IPRS Psychiatric = Medicaid
Expected Admit Date	This is not required. Please leave blank.
Actual Admit Date	Enter the date when the member is admitted to the hospital.
LOS Requested	Enter the length of stay (days) requested.

Note: The Service Request section is not a required part of BH-IP requests. Please leave blank.

ADDING DOCUMENTS

The Documents section enables you to upload and modify the clinical documents relevant to the request.



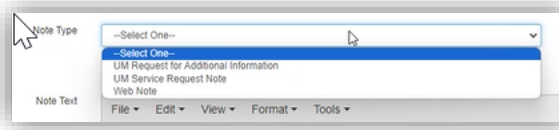
The screenshot shows the 'Documents' section of a web application. It features a 'Document Title' text box, a 'Document Type' dropdown menu with a '--Select One--' option, and a 'Document Description' text box. Below the title box is a 'Select Document' button with a green 'Browse' button next to it, and the text 'No File Selected'.

1. In the Documents section, enter the Document Title in the text box.
2. In the Document Type dropdown list, select the type of document.
3. In the Document Description box, enter a brief description of the document in the text box provided (optional).
4. Click Browse, and select the desired document for upload.
5. Click Save as Draft.
6. To attach multiple Documents, please repeat Steps 1-5.

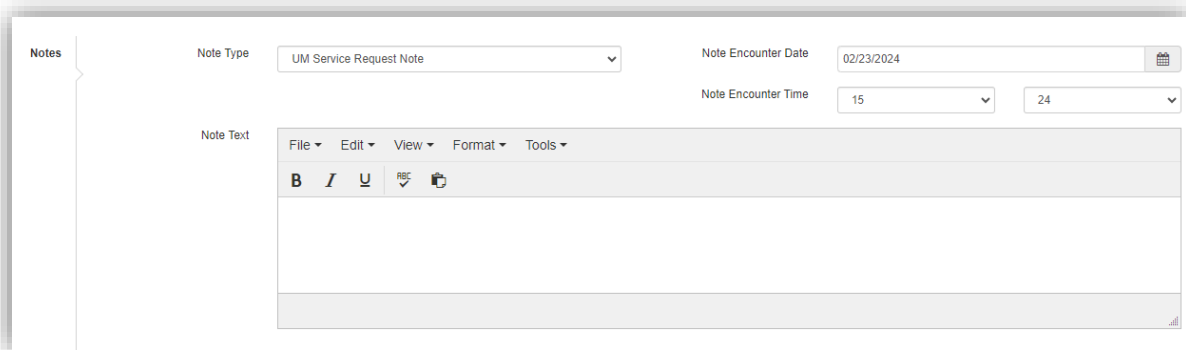
Note: The Document Type dropdown list must be selected as it is required in order to submit the request. You do not need to attach a document, just select an option from the dropdown. This is an enhancement we are working to improve and correct.

ADDING SERVICE REQUEST NOTE

The Notes section enables you to add notes to the request.



The screenshot shows a dropdown menu for 'Note Type'. The menu is open, displaying options: '--Select One--', 'UM Request for Additional Information', 'UM Service Request Note', and 'Web Note'. A mouse cursor is pointing at the 'UM Service Request Note' option. Below the dropdown is a 'Note Text' label and a rich text editor toolbar with options for File, Edit, View, Format, and Tools.



The screenshot shows the 'Notes' section of a web application. It features a 'Note Type' dropdown menu with 'UM Service Request Note' selected, a 'Note Encounter Date' field with '02/23/2024', and a 'Note Encounter Time' field with '15' and '24' options. Below these fields is a 'Note Text' label and a rich text editor toolbar with options for File, Edit, View, Format, and Tools.

1. In the Notes section, enter the following details:

Field	Description

Note Type	Select the UM Service Request Note.
Note Encounter Date	Current date is displayed, by default. No action necessary
Note Encounter Time	Current time is displayed, by default. No action necessary
Note Text	Enter the note, including any pertinent medications. Please be sure to include the requestor's name, email, and phone number. Note: This will serve as the previous Provider Justification for additional clinical information.

REVIEW COVERAGE DETAILS

In the Coverage Details section, the primary coverage details are displayed. Click Change Coverage to attach other coverage as needed.

Please select coverage that is applicable to the service being requested.

Note: Please pay attention to the effective dates when selecting the applicable coverage.

Coverages								
	Primary	Name	Plan Number	Effective Date	Term Date	Group	Product Type	Added User
<input type="radio"/>	<input checked="" type="radio"/>	HealthPlan 1		01/01/2014		Employer Group 1	PPO	Page,Laurel
<input type="radio"/>	<input type="radio"/>	Best buy	79993267	03/31/2015		Group	UNIV	Page,Laurel

Cancel

2. Select the required coverage and click Apply.

SUBMIT OR SAVE REQUEST AS DRAFT

After entering a note and entering all required information in the request, click one of the following:

Save as Draft - to save the request.

Note: This status does not submit the request to Alliance Health for review.

Saved requests can be edited at any point in time. You can access the saved requests from the Work in Progress widget from your dashboard.

Submit - To submit the request. Submitted requests can be accessed in Jiva from the Provider Requests worklist.

After clicking Submit, you will be prompted to complete a review of the service/stay lines. Please review steps to Performing MCG Criteria Reviews.

After the MCG Criteria Review is completed, click on Submit to submit the request. The summary of services is displayed after submitted.

The screenshot displays the 'Request Details' page. At the top, there is a green button labeled 'Episode Abstract'. Below this, a summary row contains the following information: 'Expected Date: 11/28/2015', 'Authorization Type: OP', 'Episode Number: 27172', 'Episode Status: Open Request', and 'Certification # 151000491'. A section titled 'Authorization Details' contains a table with the following data:

Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
21044	11600(CPT)	1	0	0			Acupuncture	Per Day	-

At the bottom of the 'Authorization Details' section, there is another green button labeled 'Episode Abstract'.

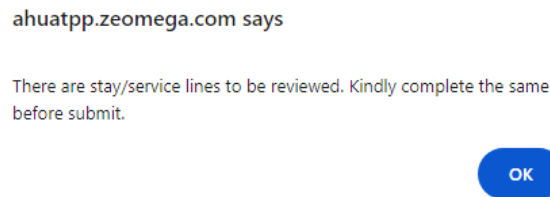
PERFORMING MCG CRITERIA REVIEWS

Through Milliman Care Guidelines (MCG) API-based authentication, you can initiate clinical criteria review from provider portal and get on-time response on the authorization decision criteria. This integration improves efficiency and helps to provide timely care to members.

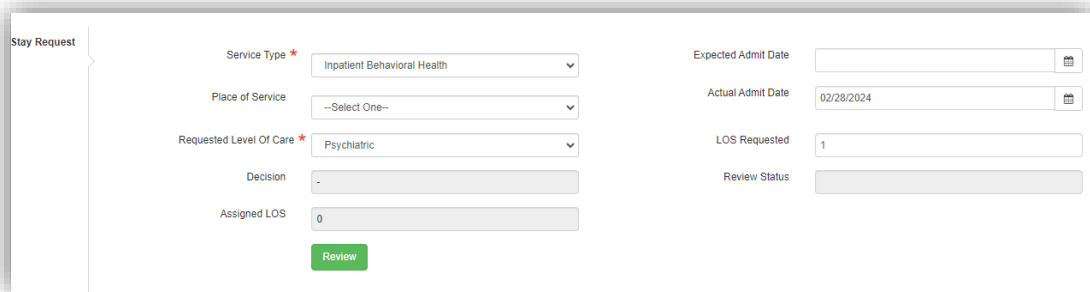
Note: This feature is applicable to IP, OP, BH-IP, and BH-OP episode types.

If the request requires a clinical review based on the MCG guidelines then you must manually navigate to the MCG auto auth portal through token-based authentication.

1. When creating an Episode after you click Submit, a pop-up message will appear.



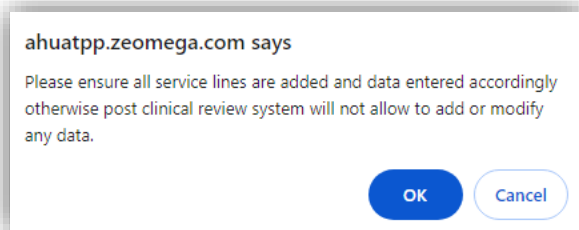
2. Click OK.



A screenshot of a web form titled "Stay Request". The form is divided into two columns. The left column contains: "Service Type *" with a dropdown menu showing "Inpatient Behavioral Health"; "Place of Service" with a dropdown menu showing "--Select One--"; "Requested Level Of Care *" with a dropdown menu showing "Psychiatric"; "Decision" with a text input field containing "-"; and "Assigned LOS" with a text input field containing "0". The right column contains: "Expected Admit Date" with a date picker showing an empty field; "Actual Admit Date" with a date picker showing "02/28/2024"; "LOS Requested" with a text input field containing "1"; and "Review Status" with a text input field. At the bottom center of the form is a green button labeled "Review".

For BH-IP: The green Review button will now appear in the Stay Request section.

3. Click Review.
The following alert appears.



4. Click OK.
5. The MCG screen will open in a new tab.

Authorization Request Request Form 2 Document Clinical 3 Submit Request mcg

Patient [redacted] Name [redacted] DOB [redacted] Gender [redacted] [show more](#)

Authorization [redacted] Type: Procedure Pre-authorization Status: NoDecisionYet [show more](#)

Diagnosis Codes : F25.0(ICD-10 Diagnosis) *primary* Procedure Codes : H0040(CPT/HCPCS) *primary*

Procedure Code: H0040 (CPT/HCPCS) Requested Units: 24 [Document Clinical](#)

[Submit Request](#) [Cancel Request](#) [Back](#)

6. Click the orange Document Clinical button.

Note: In the MCG Review screen, a No Guideline Applies message is displayed if there are no matching guidelines available for the selected codes. You will click Add and enter a period or N/A in the text box in order to click Save.

Procedure Code: H2022 (CPT/HCPCS)
Requested Units: 100

Guideline Title	Product	Code	Action
No Guideline Applies			add

[Submit Request](#) [Cancel Request](#) [Back](#)

Note: Please do not enter any clinical information here as it will not be captured.

Procedure Code: H2022 (CPT/HCPCS)
Requested Units: 100

No Guideline Applies

999 characters left for notes.

A list of guidelines available for review can be found in Appendix A and will be updated regularly as we continue to add guidelines.

7. Click Add next to the appropriate guideline based on the service being requested.
 For example:
- AH_Assertive Community Treatment Team (ACTT) – Initial
 - AH_Assertive Community Treatment Team (ACTT) – Continued Stay

Authorization : jva-5f72242c-47df-4c3d-b646-7a75d54d62e7-EPS-741 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet [show more](#)

Diagnosis Codes : F25.0(ICD-10 Diagnosis) *primary* **Procedure Codes :** H0040(CPT/HCPCS) *primary*

Procedure Code: H0040 (CPT/HCPCS)
Requested Units: 24

Guideline Title	Product	Code	Action
AH_Assertive Community Treatment Team (ACTT) - Initial	BHG	AH-B-808-T_ACTT_Initial	add
AH_Assertive Community Treatment Team (ACTT)-Continued Stay	BHG	AH-B-808-T_ACTT_ContinuedStay	add
Assertive Community Treatment	BHG	B-808-T	add
No Guideline Applies			add

8. The criteria for that MCG Guideline will appear based on the Clinical Coverage Policy.
 Click the check boxes next to the criteria that you believe are met based on the clinical information provided in the request.

Note: Some of the check boxes will have additional sub-criteria appear below when you check the box.

If you want to add additional clinical information, you can click the note icon by each criterion selected and enter a brief note indicating why that criterion is met.

Procedure Code: H0040 (CPT/HCPCS)
Requested Units: 24

AH-B-808-T_ACTT_Initial - AH_Assertive Community Treatment Team (ACTT) - Initial - (BHG)

The procedure is/was needed for appropriate care of the patient because of ...

- Has a current Diagnostic and Statistical Manual (DSM) 5 (or its successor) diagnosis consistent with a serious and persistent mental illness (SPMI) reflecting the need for treatment and the covered treatment must be medically necessary for meeting the specific preventive, diagnostic, therapeutic, and rehabilitative needs of the beneficiary. Refer to Subsection 1.1 for the definitions. [📄](#)
- Has significant functional impairment as demonstrated by ... :
 - Significant difficulty consistently performing the range of routine tasks required for basic adult functioning in the community (for example, caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; attending to personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, or relatives [📄](#)
 - Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the head-of-household responsibilities (such as meal preparation, household tasks, budgeting, or child-care tasks and responsibilities) [📄](#)
 - Significant difficulty maintaining a safe living situation (for example, repeated evictions or loss of housing or utilities) [📄](#)
- Has indicators of continuous high service needs as demonstrated by ... :
 - High use of acute psychiatric hospital (2 or more admissions during the past 12 months) or psychiatric emergency services [📄](#)
 - Intractable (persistent or recurrent) severe psychiatric symptoms (affective, psychotic, suicidal, etc.) [📄](#)
 - Coexisting mental health and substance use disorders of significant duration (more than 6 months) [📄](#)
 - High risk or recent history of criminal justice involvement (such as arrest, incarceration, probation) [📄](#)
 - Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of homelessness [📄](#)
 - Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided; or requiring a residential or institutional placement if more intensive services are not available [📄](#)
 - Difficulty effectively using traditional office-based outpatient services [📄](#)
- There are no indications that available alternative interventions would be equally or more effective based on North Carolina community practice Standards and within the Local Management Entity-Managed Care Organization (LME-MCO) service array. [📄](#)

9. Click Save.

10. Click the orange **Submit Request** button. The MCG window will close and you will be redirected back to the Episode.

✓ Procedure Code: H0040 (CPT/HCPCS) [show more](#)

Requested Units: 24

11. In the Episode view, you will now see an update in the Decision and Review Status columns based on your responses entered.

Please note, this view shows the Decision is Pending – Nurse Discretion. This review will be completed within designated turnaround times.

[Review](#)

Service Request

Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Decision	Review Status
⊖		H0040(HCPC)	48	02/05/2024	02/04/2025	Assertive Community Treatment		Pending	Nurse Discretion

Please note, this view shows the Decision is Approved – Criteria Approval.

[Review](#)

Service Request

Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Decision	Review Status
⊖		H0040(HCPC)	24	02/28/2024	08/01/2024	Assertive Community Treatment		Approved	Criteria Approval

- Click the green Submit button to submit your request for review.

MANAGING REQUESTS

Requests are categorized into Submitted Requests and Non-submitted Requests.


SEARCHING FOR REQUESTS

1. Navigate to Menu > Provider> Search Request.
The Search Request screen appears.

2. Enter appropriate values in the required search parameters. You must enter values in **one** of the following fields along with View Cases, Episode Type, Request Status, Created By, or Provider Name:
 - First Name
 - Last Name
 - Member ID (this is the ACS ID)
 - Requested Added From
 - Request Added To
 - Episode ID

Some of these fields are described in the following table:

Field	Description
Request Added From, Request Added To	Select the date range to view the requests added within the period.
Request Status	Select a value to specify the status of the request. For example, select Pending Decision if the request is submitted from the provider portal and is yet to be processed by the Clinician user in Jiva.

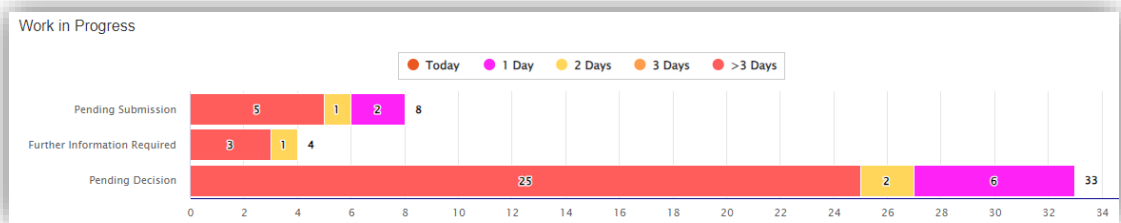
3. Click  corresponding to the request and click Edit Request if Episode is Pending Submission. If Episode has been submitted, you can click View Episode Abstract or Open.

Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Next Review Date	Initial Due Date	Status
	90791	Brook, John	OP	08/05/2019		A61.00 (Typhoid fever, unspecified)	Page, Laurel				Pending Decision
	80324	Brook, John	IP	05/22/2019	19450007	Z83.1 (Family history of other infectious and parasitic diseases)	fak, wilson	fak, wilson			Pending Decision
	55980	Brook, John	IP	04/15/2019	19450147	S43.121A (Dislocation of right acromioclavicular joint, 100% 200% displacement, initial encounter)	Page, Laurel				Processed
	55939	Brook, John	OP	04/11/2019	19450118	W12.000A (Fall on and from scaffolding, initial encounter)	fak, wilson				Processed
	55923	Brook, John	OP	04/11/2019	19450102	N29.8 (Other specified disorders of urinary system)	Super, prv	Super, prv			Processed

EDITING REQUESTS


You can access saved requests to update stay or service details, providers, and documents information.

1. Navigate to Dashboard > Work In Progress widget and click the Pending Submission status bar.



OR Navigate to Menu > Provider > Search Request (see instructions on Searching for Requests)

The screenshot shows the 'Search Request' interface in the Jiva system. A dropdown menu is open over the 'Provider' field, listing the following options: My Members, New Request, Search Request, Survey, and Reassign Activities And Episodes. The search form includes fields for Member Last, Member First, Member ID, Member, Request Status, Episode Type, Episode ID, Cert Number, Request Added From, Request Added To, View Cases, Provider Name, Created By, and Submitted By. There are 'Search' and 'Reset' buttons at the bottom left.

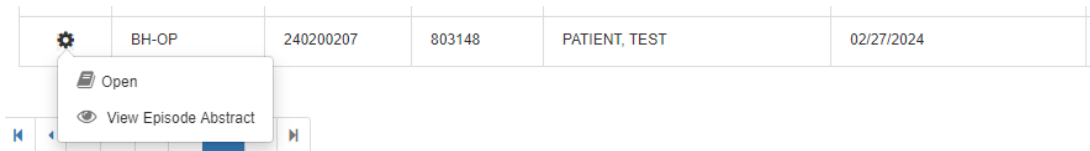
2. Click  corresponding to the request and click Edit Request.
3. Make the necessary changes and click Save.

ADDING DOCUMENTS OR NOTES AFTER REQUEST SUBMITTED

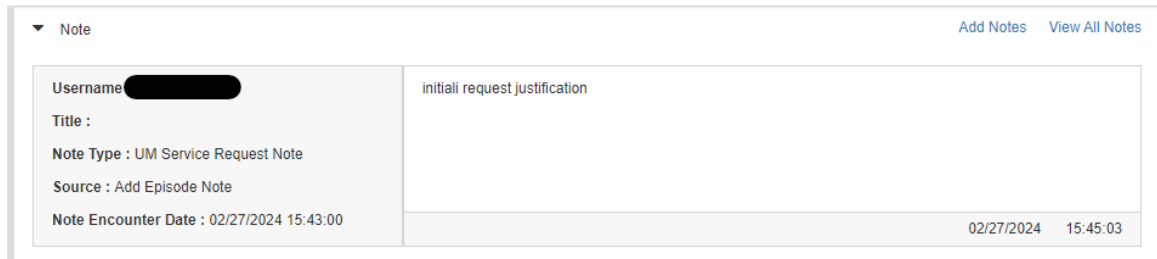
If you submit a request and need to add additional documents or notes, you will have to re-enter the episode view.

Note: You will only be able to add documents or notes for a request that is still under review or Pending Decision. Once a Decision is rendered, this option is no longer available.

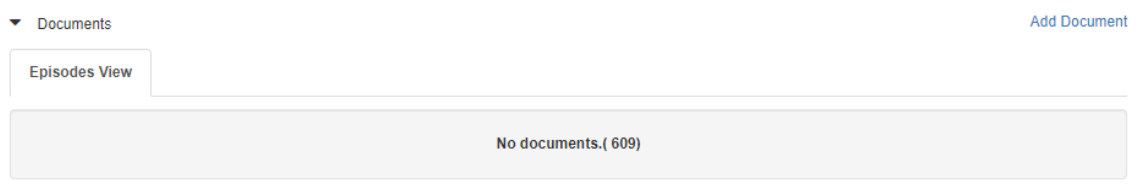
1. Locate the desired Episode through your My Requests, Requests by Type, or Work in Progress widgets.
2. Click the gear icon next to the Episode and click Open.



3. Once in the Episode, you can click Add Notes on the right to add a note with additional information.



4. In the Episode, you can also click Add Document on the right to add additional clinical documentation to this request.



5. When adding a document, you must complete the required fields of Document Title and Document Type, then click Save.

Add Document

Document Title *

Document Type * --Select One--

Document Description
Allows 5000 characters only

Select Document * No File Selected


6. When you are done adding documents or notes to the Episode, you can click the Dashboard tab to return to your Dashboard screen.

DELETING REQUESTS

If a request is created erroneously or the requests that you saved as draft are no longer needed, you can delete them.

1. In the dashboard, click the indicative bar corresponding to the request with the Pending Submission status in the Work in Progress widget.

The Work in Progress screen appears.

2. Click  corresponding to the request, and click Edit Request.

The request screen appears.

3. Click Delete.

4. This will clear the data from the request. You can then click to return to the Dashboard.

Note: You cannot delete/rescind submitted requests.


SUBMITTING EXTENSIONS/CONTINUED STAY

You can extend a stay or service request based on the episode type that is submitted.

If you try to request for an extension beyond the maximum number of days configured, the portal displays an error message. Also, you cannot request for an extension after a certain number of days from the initial request or extension.


BEHAVIORAL HEALTH INPATIENT (BH-IP) EPISODE

In order to submit a continued stay request, you will add an extension to the stay line in the existing episode.

1. In the dashboard, locate the desired episode using My Requests or Requests by Type Widget.
2. Click  corresponding to the required request, and click Open. The episode screen appears.

Extension


Stay Request Discharge

<input checked="" type="checkbox"/>		Stay ID	External Line Id	Place Of Service	Due Date	Decision	Auth Start Date	Auth End Date	
<input checked="" type="checkbox"/>	 Initial	360740			03/03/2024 15:30	Approved	02/29/2024	03/03/2024	

3. Select the checkbox corresponding to an initial or extended stay request line and click Extension. The Extend Stay screen appears.

Save Cancel

Service Type	Place Of Service	Level of Care	LOS Requested #	Expected Admit Date	Actual Admit Date
Inpatient Behavioral Health		Psychiatric	3		02/29/2024

Requested Date * 

Request Received Time *

Request Type *

Request Priority *

Time Request

Due Date

LOS Requested # *

Requested Level Of Care *

Save Cancel

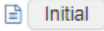
4. In the Extend Stay screen, enter appropriate values in the required fields listed below.

Field	Description
Requested Date	This automatically enters the current date.
Request Received Time	This is automatically entered.
Request Type	Select from the dropdown menu: <ul style="list-style-type: none"> • Admission authorization • Continued Stay • Initial • Retrospective
Request Priority	Select the service priority required: <p>Expedited – Turn-around time will be within 72 hours. This should only be used in instances where a member’s health/safety are at risk in accessing a service. Please note that should a request not meet expedited guidelines, Alliance Health staff may remove the request from expedited status, and it will be reviewed within Standard timeframes.</p> <p>Standard – Turn-around time will be within 14 calendar days to complete an episode, unless this is a retrospective, in which case the turn-around time is 30 calendar days.</p>
LOS Requested	Enter the length of stay (days) requested.
Requested Level of Care	Select the Requested Level of Care. <ul style="list-style-type: none"> • Non-Medicaid Psychiatric = State funded/IPRS • Psychiatric = Medicaid

5. Click Save.

You will automatically return to the Episode View and can now see the Extension has been submitted.

▼ Stay Request

<input type="checkbox"/>		Stay ID	External Line Id	Place Of Service	Due Date	Decision
<input type="checkbox"/>	 Initial	360740			03/03/2024 15:30	Approved
<input type="checkbox"/>	 Extension	360740			03/03/2024 15:35	Pending

- In the Episode, you can click Add Notes on the right to add a Service Request Note with clinical information for this extension.

▼ Note [Add Notes](#) [View All Notes](#)

<p>Username: [REDACTED]</p> <p>Title :</p> <p>Note Type : UM Service Request Note</p> <p>Source : Add Episode Note</p> <p>Note Encounter Date : 02/27/2024 15:43:00</p>	<p>initial request justification</p>
	02/27/2024 15:45:03

- In the Episode, you can also click Add Document on the right to add additional clinical documentation to this request.

▼ Documents [Add Document](#)

Episodes View

No documents.(609)

- When adding a document, you must complete the required fields of Document Title and Document Type, then click Save.

Add Document

Document Title *


Document Type * --Select One--

Document Description
Allows 5000 characters only

Select Document * No File Selected

9. When you are done adding documents or notes to the Episode, you can click the Dashboard tab to return to your Dashboard screen.

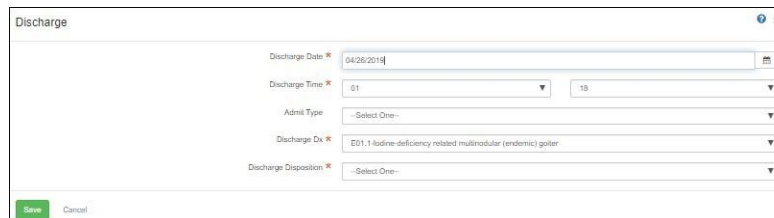
ADDING DISCHARGE DETAILS (BH-IP ONLY)

1. In the Dashboard, click the graph bar for requests in Processed status in the Requests by Type widget. The Requests by Type screen appears.
2. Click  corresponding to the request and click Open. The UM services screen appears.



Stay Request	Place of Service	Due Date	Decision	Auth Start Date	Auth En
Initial	Inpatient Hospital	09/30/2015 00:12	Approved	09/29/2015	09/30/2015
Extension	Inpatient Hospital	09/30/2015 10:42	Approved	09/30/2015	10/01/2015
Extension	Inpatient Hospital	09/30/2015 10:45	Approved	10/01/2015	10/04/2015

3. Click Discharge. The Discharge screen appears.



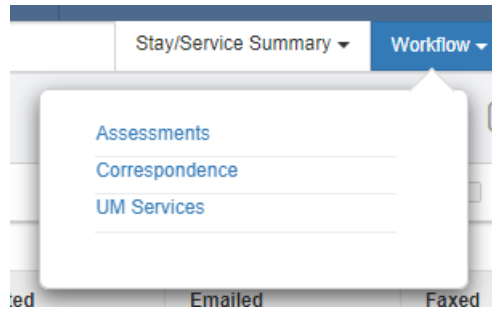
4. Enter the required details as per the following table:

Field	Description
Discharge Date	The last stay extension's end date is auto-populated.
Admit Type	Select the type of admission.
Discharge Dx	Select Add New Diagnosis to add a new diagnosis at the time of discharge. You can also select the required diagnosis from the dropdown list. Note: By default, the primary Diagnosis is populated.
Discharge Disposition	Select the discharge status of the member.

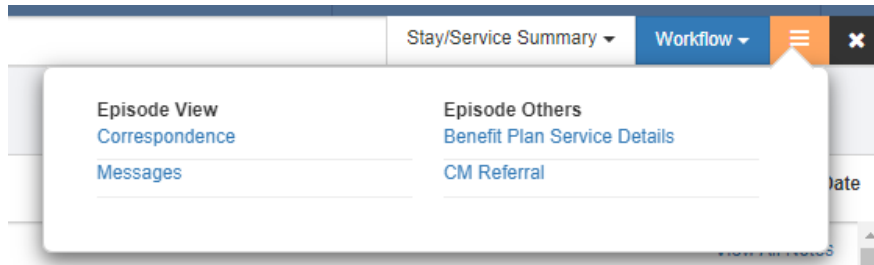
CORRESPONDENCE

You can access the correspondence function from following locations within an Episode after it has been Processed:

- Episode Screen > Workflow > Correspondence




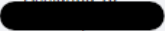
- Episode Screen >  > Episode View > Correspondence





You will then be able to click the gear icon to view any applicable letters.

Letters viewable in Jiva include Denial, Partial Denial, and Administrative Denial letters.

Member Overview >  > Letters

Status	Primary Dx	Assigned To	Assigned Reviewer
Closed	F91.3		

	Letter Name	Created Date
	AH UM Child Admin NABD (TP Medicaid) 	01/26/2024 12:51

Note: Authorization letters will continue to populate in ACS.

GLOSSARY

Abstract

An abstract is a summary of member's demographic details and information about related episodes, if any.

Activity

A system-generated or manually-created task to be performed by the assigned user in Jiva.

Alert

A system-generated or manually-added notification as a reminder to Jiva users.

Cert Number

Certification number, a unique number assigned to an episode within Jiva.

Episode

A medical record in Jiva created to manage information of a medical condition, or disease.

Member

An individual subscribed to a health plan.

Member Overview

Member Overview provides the comprehensive information of a member and episodes associated with the member.

Member ID

A unique number that identifies the person as a member with the health plan.

Pre-authorization

The approval of or concurrence with the treatment plan proposed by a participating professional provider with the health plan before the provision of service.

Provider

A hospital, healthcare professional, or a facility that provides health care services to the members.

Stay or Service Extension

A request to extend the length of stay at a facility, or to extend the treatment in an outpatient authorization.

Widget

Widget is an element used to display events, such as lab data, medications, and allergies.

APPENDIX A: MCG GUIDELINES AVAILABLE FOR REVIEW

Below is a list of services that currently have MCG Criteria Guidelines available for review. This list will be updated as additional services are added.

- ACTT
- ACTT Step Down
- Day Treatment
- Facility Based Crisis
- Peer Support
- PRTF
- RB-BHT
- Residential Group Home (Level I-IV)